	DRUG U	ISE HISTORY		
The following questions are about re but does NOT include		•	may have used in the 's order or hormones.	last 12 months,
22.) In the last 12 months, have you used a	any of the fol	lowing drugs? (m	ark all that apply "x")	
If ye	es, did you in	ject the drug?	If yes, had sex w	hile using the drug?
Alcohol	Yes	No	Yes	No
Amphetamine (speed, crank, crystal, tina)	Yes	No	Yes	No
Cocaine (powder)	Yes	No	Yes	No
Crack (rock)	Yes	No	Yes	No
Heroin (horse, junk, skag, smack, H)	Yes	 □ No	Yes	No
23.) In the last 12 months, have you <u>share</u> insulin, etc., but NOT including any dr				s, steroids, vitamins,
Your answers will help local and state he lif you have any questions or concerns because	ealth agencies			•

CDPH 8655 (07/08)

State of California - Health and Human Services Agency

California Department of Public Health, Office of AIDS

LEO GROUP SELF ADMINISTERED QUESTIONNAIRE

Do NOT write your name on this survey.				
This anonymous questionnaire contains questions about your health and sexual behavior. We hope that you will respond honestly to each item. Of course, you may leave an item blank if you really don't want to answer it. But please help us by answering all of the items that you can. Your answers will help local and state health agencies better serve the health needs of people living in California.				
1.) What is today's date? (mm/dd/yy)				
SOME BACKGROUND INFORMATION ABOUT YOU				
2.) What is the first letter of your last name?				
3.) What is your date of birth? (mm/dd/yy)				
4.) What is the zip code for your home/regular hang-out?				
5.) What county do you live in?				
6.) Are you currently homeless or considered to be homeless by other people? Yes No				
7.) Have you been incarcerated in the last 12 months?				
8A.) What gender do you consider yourself? (mark one "x")				
☐ Male ☐ Pregnant Female ☐ Transgender: M to F				
Female If Pregnant, in Perinatal Care? Transgender: F to M				
Yes No Other, Specify:				
8B.) What was your gender at birth? Male Female				
9.) Which of the following best describes your race/ethnic background? (mark all that apply "x")				
☐ Black/African American ☐ Hispanic/Latino(a)				
Native American/Alaskan Native White				
Asian Other, Specify: Native Hawaiian/Pacific Islander				
10.) Which of the following comes closest to your sexual orientation? (mark one "x")				
Gay Male Heterosexual or Straight Don't Know Bisexual Lesbian				
STOP HERE. Only complete pages 2 through 4 if your group leader asks you to.				
ADMINISTRATIVE USE ONLY				
Referral Source? *** If Agency:				
Agency*** Friend/Family C&T HC/PI Intake				
HC/PI Don't Know PCRS CRCS Other				
Self Under, Specify: TPA HE/RR Don't Know				
Group Name: Provider's ID #: Check One:				
Page One Only				
Session #: Of Date of This Group: (mm/dd/yy) Complete Form				
LHJ/Agency #: Location #: Client #:				
Data Entry Initials: LEO Form #:				

Page 1 of 4

SEXUAL BEHAVIOR HISTORY The following questions are about your sexual behavior during the last 12 months. By "sex" we mean oral, vaginal, or anal sex, but NOT masturbation or sex with dildos/sex toys. (NA = Not Applicable) 10.) During the last 12 months, how many men have you had sex with? (0-999)If yes, how many times was a condom used? Never Sometimes Always c.) Did this include any *insertive anal* sex where you put your penis into a partner's butt? Yes No NA If yes, how many times was a condom used? Never Sometimes Always d.) Did this include any receptive anal sex where a partner's penis entered your butt? Yes No NA If yes, how many times was a condom used? Never Sometimes Always 11.) During the last 12 months, how many women have you had sex with? (0-999) a.) Did this include any *oral sex*? Yes No NA Yes No NA b.) Did this include any *insertive vaginal* sex where your penis entered a partner's vagina? If yes, how many times was a condom used? Never Sometimes Always c.) Did this include any insertive anal sex where you put your penis into a partner's butt? Yes No NA If yes, how many times was a condom used? Never Sometimes Always M to F 12.) During the last 12 months, how many transgender people F to M (0-999)(0-999)have you had sex with? a.) Did this include any *oral sex*? Yes No NA b.) Did this include any insertive vaginal sex where your penis entered a partner's vagina? Yes No NA If yes, how many times was a condom used? Never Sometimes Always c.) Did this include any *receptive vaginal* sex where a partner's penis entered your vagina? Yes No NA If yes, how many times was a condom used? Never Sometimes Always d.) Did this include any insertive anal sex where you put your penis into a partner's butt? Yes No NA Yes No NA e.) Did this include any receptive anal sex where a partner's penis entered your butt? If yes, how many times was a condom used? Never Sometimes Always 13.) During the last 12 months, did you exchange sex for money, a place to stay, or for other items or services (other than drugs)? Yes No 14.) During the last 12 months, did you exchange sex for drugs? Yes No 15.) During the last 12 months, have you had sex with any sex workers? Yes No a.) If yes, did this include *vaginal* sex? Yes No If yes, were condoms used? Never Sometimes Always b.) If yes, did this include anal receptive sex (their penis in your butt)? Yes No If yes, were condoms used? Never Sometimes Always c.) If yes, did this include anal insertive sex (your penis in their butt)? Yes No

If yes, were condoms used? Never Sometimes Always

CDPH 8655 (07/08)

Page 2 of 4

CDPH 8655 (07/08)

16.) During the last 12 months, have you have under a doctor's order? Yes	had sex with any <u>sex partners who have injected drugs</u> not
a.) If yes, did this include vaginal sex?	Yes No
If yes, were condoms used?	Never Sometimes Always
b.) If yes, did this include anal receptive	re sex (their penis in your butt)? Yes No
If yes, were condoms used?	Never Sometimes Always
c.) If yes, did this include anal insertive	e sex (your penis in their butt)?
If yes, were condoms used?	Never Sometimes Always
17.) During the last 12 months, have you h	had sex with any HIV-positive partner(s)? Yes No
a.) If yes, did you know your partner's	HIV-positive status before having sex with them? Yes No
b.) If yes, did this include vaginal sex?	Yes No
If yes, were condoms used?	Never Sometimes Always
c.) If yes, did this include anal receptive	e sex (their penis in your butt)?
If yes, were condoms used?	Never Sometimes Always
d.) If yes, did this include anal insertive	e sex (your penis in their butt)?
If yes, were condoms used?	Never Sometimes Always
18.) <u>If you are a woman,</u> have you had sex	with any gay, bisexual, or men who have sex with men?
a.) If yes, did this include vaginal sex?	Yes No
If yes, were condoms used?	Never Sometimes Always
b.) If yes, did this include anal receptive	re sex (their penis in your butt)?
If yes, were condoms used?	Never Sometimes Always
	SEXUAL HEALTH HISTORY
19.) During the last 12 months, has a doct sexually transmitted disease (STD)?	or or other health professional told you that you have hepatitis or a
sexually transmitted disease (STD)?	or or other health professional told you that you have hepatitis or a
sexually transmitted disease (STD)?	tor or other health professional told you that you have hepatitis or a
sexually transmitted disease (STD)? [If you answered yes, which STDs have	tor or other health professional told you that you have hepatitis or a Yes No e you been diagnosed with in the last 12 months? (mark all that apply "x")
sexually transmitted disease (STD)? [If you answered yes, which STDs have Syphilis (syph, the pox, lues) Gonorrhea (GC, clap, drip) Chlamydia	tor or other health professional told you that you have hepatitis or a Yes No e you been diagnosed with in the last 12 months? (mark all that apply "x") Genital Herpes (HSV) Hepatitis A (HAV) Hepatitis B (HBV)
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sexually transmitted disease (STD)? If you answered yes, which STDs have Syphilis (syph, the pox, lues) Gonorrhea (GC, clap, drip) Chlamydia Trichomoniasis (trich) Genital/Anal Warts (HPV) 20.) Has a doctor or other health profession 12 months ago? Yes No If you answered yes, which viral STD (mark all that apply "x") Genital/Anal Warts (HPV)	tor or other health professional told you that you have hepatitis or a Yes No e you been diagnosed with in the last 12 months? (mark all that apply "x") Genital Herpes (HSV) Hepatitis A (HAV) Hepatitis B (HBV) Other STD: Onal told you that you have a viral STD or hepatitis more than or hepatitis have you been diagnosed with more than 12 months ago? Hepatitis B (HBV)
sexually transmitted disease (STD)? If you answered yes, which STDs have Syphilis (syph, the pox, lues) Gonorrhea (GC, clap, drip) Chlamydia Trichomoniasis (trich) Genital/Anal Warts (HPV) 20.) Has a doctor or other health profession 12 months ago? Yes No If you answered yes, which viral STD of (mark all that apply "x")	tor or other health professional told you that you have hepatitis or a Yes No e you been diagnosed with in the last 12 months? (mark all that apply "x") Genital Herpes (HSV) Hepatitis A (HAV) Hepatitis B (HBV) Hepatitis C (HCV) Other STD: Onal told you that you have a viral STD or hepatitis more than or hepatitis have you been diagnosed with more than 12 months ago?
sexually transmitted disease (STD)? If you answered yes, which STDs have Syphilis (syph, the pox, lues) Gonorrhea (GC, clap, drip) Chlamydia Trichomoniasis (trich) Genital/Anal Warts (HPV) 20.) Has a doctor or other health profession 12 months ago? Yes No If you answered yes, which viral STD (mark all that apply "x") Genital/Anal Warts (HPV) Genital Herpes (HSV)	tor or other health professional told you that you have hepatitis or a Yes No e you been diagnosed with in the last 12 months? (mark all that apply "x") Genital Herpes (HSV) Hepatitis A (HAV) Hepatitis B (HBV) Hepatitis C (HCV) Other STD: Onal told you that you have a viral STD or hepatitis more than or hepatitis have you been diagnosed with more than 12 months ago? Hepatitis B (HBV) Hepatitis C (HCV)
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sexually transmitted disease (STD)? If you answered yes, which STDs have Syphilis (syph, the pox, lues) Gonorrhea (GC, clap, drip) Chlamydia Trichomoniasis (trich) Genital/Anal Warts (HPV) 20.) Has a doctor or other health profession 12 months ago? Yes No If you answered yes, which viral STD of (mark all that apply "x") Genital/Anal Warts (HPV) Genital Herpes (HSV) Hepatitis A (HAV) 21.) Have you ever been tested for HIV (hur of the positive) Negative	tor or other health professional told you that you have hepatitis or a Yes No e you been diagnosed with in the last 12 months? (mark all that apply "x") Genital Herpes (HSV) Hepatitis A (HAV) Hepatitis B (HBV) Other STD: Onal told you that you have a viral STD or hepatitis more than or hepatitis have you been diagnosed with more than 12 months ago? Hepatitis B (HBV) Hepatitis B (HBV) Hepatitis C (HCV) Hepatitis C (HCV) Iman immunodeficiency virus)? Yes No nost recent test result? (mark one "x") Inconclusive
sexually transmitted disease (STD)? If you answered yes, which STDs have Syphilis (syph, the pox, lues) Gonorrhea (GC, clap, drip) Chlamydia Trichomoniasis (trich) Genital/Anal Warts (HPV) 20.) Has a doctor or other health profession 12 months ago? Yes No If you answered yes, which viral STD (mark all that apply "x") Genital/Anal Warts (HPV) Genital Herpes (HSV) Hepatitis A (HAV) 21.) Have you ever been tested for HIV (hulf you answered yes, what was your mark yes, where y	tor or other health professional told you that you have hepatitis or a Yes No e you been diagnosed with in the last 12 months? (mark all that apply "x") Genital Herpes (HSV) Hepatitis A (HAV) Hepatitis B (HBV) Other STD: Onal told you that you have a viral STD or hepatitis more than or hepatitis have you been diagnosed with more than 12 months ago? Hepatitis B (HBV) Hepatitis B (HBV) Hepatitis C (HCV) When immunodeficiency virus)? Yes No nost recent test result? (mark one "x")

Page 3 of 4